

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553549

FILING DATE

27 SEP 2006

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		0		1		
5		0		1		
6	1		1			
7		1		1		
8	1		1			
9		1		1		
10	1		1			
11		1		1		
12		0		1		
13		0		1		
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50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	10	←	9	←		←
TOTAL CLAIMS	14		13			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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95						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY

U.S. DEPARTMENT OF COMMERCE